

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018499

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 096

Primary Registration District No. _____

Registrar's No. 35

STATE FILE NUMBER

FILED JUN 11 1962

1. PLACE OF DEATH

a. COUNTY

Dallasb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Phillipsburg

Length of stay in 1b

69 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Rural Route 1

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Dallas

c. CITY

OR TOWN Phillipsburg

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

Rural Route # 1

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Estel Douglas Howerton

4. DATE OF DEATH

Month Day Year
June 5 1962

5. SEX

m

6. COLOR OR RACE

white7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/29/1893

9. AGE (If birthday)

69

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Dallas Co. Mo. U. S. A.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Nichajah Howerton

13b. MOTHER'S MAIDEN NAME

Dora Buttram

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
yes World War I

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

4 Mrs. Jewell Clyde Lebanon

Address

[Redacted]18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Due to Natural Causes

DUE TO (c)

No. Med Att.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year
10:30 a.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

[Redacted]

20f. CITY, TOWN, OR LOCATION

Phillipsburg

COUNTY

Dallas

STATE

Mo.21. I attended the deceased from _____, to _____, and last saw her/him alive on _____.
Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Mrs. Vera Peterson

(Degree or title)

SK

22b. ADDRESS

Buffalo Mo

22c. DATE SIGNED

6/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6/9/62

23c. NAME OF CEMETERY OR CREMATORY

Harmony Cemetery near Long Lane Mo.

23d. LOCATION (City, town, or county)

Phillipsburg Mo.

24. FUNERAL DIRECTOR

Dorsey M. Howe

ADDRESS

Lebanon Mo.

25. DATE RECD. BY LOCAL REG.

6/8/62

26. REGISTRAR'S SIGNATURE

Mrs. Vera Peterson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

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Rev. 4/59630020300

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12 10-813 1-0

JUN 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.